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	PATENT A	PPLICATIO. Effecti	Application or Docket Number										
			11	1243	1-1	0351	· .						
CLAIMS AS FILED - PART I (Column 1) (Column						mn 2)		SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20					RAT	Έ	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 370.0		370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		* 6			X\$ 9=			OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		* 3			X42=			OR	X84=	252
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=			OR	+280=	
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2					TOTAL			OR	TOTAL	982
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
(Column 1)			(Column 2) (Colu			(Column 3)		SMA	LL	ENTITY	OR	SMÁLL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	* 19	Minus	**	20	=		X\$ 9	)=	}	OR	X\$18=	
AME	Independent	* le	Minus	***	<u>(e</u>	=		X42	:=		OR	X84=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	ENDEN	I CLAIM			+140	)=,		OR	+280=	
en de la companya de La companya de la companya del companya de la companya del companya de la c						ı	TO ADDIT.	TAL			TOTAL ADDIT, FEE		
· ·	(Column 1) (Column 2) (Column 3)							AUUII.	, EE		<b>.</b>		
MENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY ) FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
δ	Total	*	Minus	**		=		X\$ 9	<b>)</b> =		OR	X\$18=	
AMEND	Independent	*	Minus	***		=		X42	?=		OR	X84=	
<u> </u>  _	FIRST PRESENTATION OF MULTIPLE DEPENDENT C						J	+140	)=		OR	+280=	
								TC	TAL		OR	TOTAL	
		<b></b>		<b>10</b> -1	······ 0\	(Cal C)		ADDIT.	FEE		101	ADDIT. FEE	
	, ]	(Column 1) CLAIMS		HIG	ımn 2) HEST	(Column 3)	וֹן			ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RAT	Έ	TIONAL FEE		RATE	TIONAL FEE
N N N	Total	*	Minus	**		=	]	X\$ 9	9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	4	X42	?=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	II CLAIN		J	+140	)=		OR	+280=	·
	If the ntry in colu	ımn 1 is I ss than t	the entry in col	umn 2, wri	te "0" in co	olumn 3.			)= )TAL		4	TOTAL	
***	#If the "Highest No	imber Previously F imber Previously F mber Previously Pa	Paid For IN TH	IIS SPACE	is less th	an 3. nter "3."		ADDIT.	FEE	propriate bo	OR ox in co	ADDIT. FEE	